# Student Organization Quarterly Program Funding Request

**Submission Deadline:** On or Before NOON on Friday, 5th week

**Name of Organization:**

**Budget Preparer:**

**Phone:**

**E-mail:**

**What year did club first register?**

**Purpose of Organization:**

**How does this event affect your mission?**

**Date of Program:**

**Site of Program:**

**Name of Program/Description:**

**Will admission be charged?**

**Is it for fundraising?**

**# of students program affects:**

**Is this an Annual Event?**

**Is it Cultural?**

**Philanthropy?**

<table>
<thead>
<tr>
<th>Line Item Costs</th>
<th>Cost Breakdown (attach add'l information)</th>
<th>Amount Requested</th>
<th>SOFAB Allocation</th>
<th>SOFAB Underwrite</th>
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</thead>
<tbody>
<tr>
<td>1. Printing</td>
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<td>2. Contracts</td>
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<td>3. Facility Rental</td>
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<td>4. Film &amp; Shipping</td>
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<td>5. AV/Technical</td>
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<td>6. Computer Expense</td>
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<td>7. Box Office</td>
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<td>8. Security</td>
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<td>9. Physical Plant</td>
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<td>10. Food (underwrite)</td>
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<td><strong>Total:</strong></td>
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By signing below, I declare my personal and thorough understanding of the regulations required to request funds from the ASUCSD, as well as an awareness of that which the ASUCSD will not fund. I further declare my understanding that requested funds come directly from UCSD student activity fees and should be thus utilized accordingly.

**Requestor Signature:**

**Date:**

**SOLO Advisor Review:**

**Date:**

Signature certifies organization registration, undergraduate principal membership, good standing status

ASUCSD Finance Office - Price Center, 3rd Floor - 534-4451

ONLY ORIGINAL FORMS WILL BE ACCEPTED

WRangiroa@spole.ucsd.edu/Finance/Requests/Student_Organization_Quarterly_Program_Funding_Request.xls